

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38654

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8197

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Francois			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bismarck			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firman-Desloge			Length of stay in lb 1 Day	d. STREET ADDRESS 31			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ALMA HORTON				4. DATE OF DEATH Month Day Year Aug. 29, 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH April 28, 1912		9. AGE (In years last birthday) 45	10. IF UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (City and state or country) Belgrade, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Leonard Calvin Horton				14. MOTHER'S MAIDEN NAME Minnie Wood			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 492-16-1426		17. INFORMANT Mrs. Minnie Horton Bismarck, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute circulatory failure Cardiac decompensation Profound idiopathic anemia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 298 X							INTERVAL BETWEEN ONSET AND DEATH 3 hrs 11 days 5 months
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 3-25-57 to 8-29-57 and last saw her alive on 8-29-57 Death occurred at 12:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R. G. Hendigate (Degree or title) D.O.				22b. ADDRESS Bismarck, Missouri		22c. DATE SIGNED 8-30-57	
23a. BURIAL, CREMATION, REMOVAL Removal		23b. DATE 8-29-57	23c. NAME OF CEMETERY OR CREMATORY MASONIC CEM.		23d. LOCATION (City, town, or county) (State) Bismarck, Missouri		
24. FUNERAL DIRECTOR Shipman & Sons Bismarck, Mo.				25. DATE RECD. BY LOCAL REG. SEP 3 '57		26. REGISTRAR'S SIGNATURE J. Earl Smith, m. s. M. J. B.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 4881

P. O. Address Bismarck, N.D.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.